

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041968

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

68 5265 70  
FILED DEC 12 1962

## 1. PLACE OF DEATH

a. COUNTY

Christian

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Sparta TownshipLength of stay in 1b  
62 yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION HomeInside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Christian

Inside Limits

Yes ☐ No ☐

c. CITY OR TOWN Sparta, RFD

d. STREET ADDRESS (If outside, give location)  
3 Miles South

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Clifford

Dewey

Johnson

## 4. DATE OF DEATH

Month

Day

Year

December 2, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/30/1900

## 9. AGE (last birthday)

62

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Dairy &amp; Stockman

## 11. BIRTHPLACE (City and state or country)

Sparta, Missouri RFD

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William A. Johnson

## 13b. MOTHER'S MAIDEN NAME

Elnora Abbott

## 14. NAME OF HUSBAND OR WIFE

Mabel Dobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 17. INFORMANT

Mrs. Mabel Johnson, RFD, Sparta, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Thrombosis, coronary

## INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Acute Stenosis

## DUE TO (c)

Rheumatic fever

Known 5 years ago?

yes - 5 years ago?

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Left ventricle - aneurysm &amp; thrombosis in part.

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

May 1957

to

2 Dec/62

and last saw him alive on

27 Oct/62

## Death occurred at

6:00

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. D. Rogers M.D.

## 22b. ADDRESS

Ozark, Mo.

## 22c. DATE SIGNED

4 Dec '62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12/4/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Sparta Cemetery

## 23d. LOCATION (City, town, or county)

Sparta, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

J. M. Harris

Ozark, Mo.

## 25. DATE RECD. BY LOCAL REG.

Dec 6, 1962

## 26. REGISTRAR'S SIGNATURE

Mary Kaufman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

FEB 1 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained Dec. 3, 1962.

77.7